



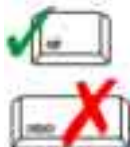
Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
**Wastewater Overflow/Bypass or
Sewage Backup Notification Form**

FOR DEP USE ONLY

DEP Incident Number

1. General Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Incident Type: ☐ b. Overflow/Bypass and/or ☐ c. Backup

a. Reporting Facility Permit Number

d. Name of Collection System/Treatment Works

Date/Time Notification Form Completed: e. Date (mm/dd/yyyy) Time: f. hh (24hr.) g. mm

Is this notification an initial report? h. ☐ or a follow-up? i. ☐ j. refer to incident number

Authorized Representative filing this notification form:

k. First Name l. Last Name m. Telephone (10)

n. Title of Authorized Representative o. E-mail Address of Authorized Representative

2. Other Phone Notifications Made, if any:

DEP person contacted: a. first name b. last name

c. Telephone (10) Voice message only? ☐

Date/Time MADEP contacted by phone: d. Date (mm/dd/yyyy) Time: e. hh (24hr) f. mm

EPA person contacted: g. first name h. last name

i. Telephone (10) Voice message only? ☐

Date/Time EPA contacted by phone: j. Date (mm/dd/yyyy) Time: k. hh (24hr) l. mm

m. Name of other agency contacted n. Person's first name o. Person's last name

p. Telephone (10) Voice message only? ☐

Date/Time agency contacted by phone: q. Date (mm/dd/yyyy) Time: r. hh (24hr) s. mm

t. Name of other agency contacted u. Person's first name v. Person's last name

w. Telephone (10) Voice message only? ☐

Date/Time agency contacted by phone: x. Date (mm/dd/yyyy) Time: y. hh (24hr) z. mm



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3. Overflow/Bypass Location

Where did the overflow/bypass occur?

a. City/Town

b. Common name used to refer to this overflow/bypass location (use an address or describe landmarks, etc.)

c. Identify where in the system the overflow or bypass occurred. (select one)

☐ 1. Gravity sewer manhole

☐ 2. Pump/lift station

☐ 3. Sewer siphon structure

☐ 4. Bypass at treatment works

5. Other (describe)

d. Overflow/Bypass Location: online filers use GIS locator. Paper filers attach a map showing location.

Describe the area around the overflow/bypass: (more than one manhole, in a street, easement, swamp, wooded area, densely populated area, inaccessible, etc.)

e. Overflow area description

**DEP Use Only:
Overflow/
Bypass
location**

X-Coordinate

Y-Coordinate

Location Code

Accuracy (± feet)

4. Time of Overflow/Bypass at this Location

When did overflow/ bypass start?:

a. Date (mm/dd/yyyy)

Time:

b. hh (24hr.)

c. mm

Is the overflow/bypass ongoing at the time of this report?

☐ d. Yes

☐ e. No

When did overflow/ bypass end?:

f. Date (mm/dd/yyyy)

Time:

g. hh (24hr.)

h. mm

Estimated length of time incident is expected to continue:

☐ i. Unknown

j. Days

k. hh (24hr)

5. General Information About Overflow/Bypass at this Location

a. Estimated volume of overflow/bypass discharge at the time of this report (select one):

☐ 1. > 1 million gallons (MG)

☐ 3. > 10,000 gal. and < 100,000 gal.

☐ 2. > 100,000 gal. and < 1 MG

☐ 4. < 10,000 gal.

b. Method of estimating volume:



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5. General Information About Overflow/Bypass at this Location (cont.)

c. Corrective measures taken:

- ☐ 1. no action ☐ 2. removed blockage ☐ 3. repaired pump/lift station

4. Describe any treatment provided

5. Describe other corrective measures taken

d. Identify causes of the overflow/bypass at this location: (select all that apply)

- ☐ 1. rain ☐ 2. snowmelt ☐ 3. high groundwater
☐ 4. excessive flow not caused by groundwater or storm water ☐ 5. sewer system blockage or collapse
☐ 6. pump/lift station failure ☐ 7. treatment facility equipment failure

8. Describe other causes

e. Additional comments and planned actions

If you need more space for additional comments, select box to attach a text document ☐

6. Discharge Location for this Overflow/Bypass

To where did the wastewater discharge/overflow? (identify all that apply)

- ☐ a. to the ground ☐ b. directly to surface water ☐ c. into a building (show address on backup form if selected)

☐ d. to surface water via storm drain owned by: ☐ e. Identify owner of storm drain

f. Name of water receiving the final discharge: ☐ Identify receiving water (if known)

g. Discharge to surface water location, if known: online filers use GIS locator. Paper filers attach a map showing location.

h. Did the overflow/bypass flow to a Zone I or upstream of a surface water supply? ☐ Yes ☐ No ☐ Unknown

i. Did the overflow/bypass discharge into a Zone II or IWPA of a water supply? ☐ Yes ☐ No ☐ Unknown

j. Does the overflow/bypass flow to a bathing beach? ☐ Yes ☐ No ☐ Unknown

k. Does the overflow/bypass flow to a shellfish bed area? ☐ Yes ☐ No ☐ Unknown

l. Do you wish to report another overflow/by-pass location? Yes ☐

**DEP Use Only:
Discharge
location**

X-Coordinate

Y-Coordinate

Location Code

Accuracy (± feet)



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7. Sewer Backup Location(s)

a. When did the backup occur: 1. Date (mm/dd/yyyy) Time: 2. hh (24hr) 3. mm

b. Total number of properties affected by the backup: Total properties

c. Address(es):

No.	Street	City/Town
1. No.	Street	City/Town
2. No.	Street	City/Town
3. No.	Street	City/Town
4. No.	Street	City/Town

d. Corrective measures taken (select all that apply, use additional comments if necessary):

- | | | |
|--|--|--|
| <input type="checkbox"/> 1. repaired sewer | <input type="checkbox"/> 2. repaired pump/lift station | <input type="checkbox"/> 3. repaired service connection |
| <input type="checkbox"/> 4. drained or pumped sewage out of building | <input type="checkbox"/> 5. disinfection treatment | <input type="checkbox"/> 6. backflow prevention device installed |
| <input type="checkbox"/> 7. no action | 8. Other (describe) | |

e. Corrective actions by: (select all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. municipality | <input type="checkbox"/> 2. contractor for municipality | <input type="checkbox"/> 3. property owner |
| <input type="checkbox"/> 4. property owner's contractor | 5. Other (describe) | |

f. Have corrective actions been completed? ☐ 1. Yes ☐ 2. No

g. Identify causes of the incident: (select all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. rain | <input type="checkbox"/> 2. snowmelt | <input type="checkbox"/> 3. high groundwater |
| <input type="checkbox"/> 4. excessive flow not caused by groundwater or storm water | <input type="checkbox"/> 5. sewer system blockage or collapse | |
| <input type="checkbox"/> 6. pump/lift station failure | <input type="checkbox"/> 7. treatment facility equipment failure | |

8. Describe other causes

h. Additional comments and planned actions

If you need more space for comments or to report additional addresses with backups, select box to attach a text document ☐



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8. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

1. Signature of Authorized Representative

2. Date Signed

☐ I wish to provide an additional electronic attachment.

Please keep a copy of this report for your records. When submitting additional information, include the DEP Incident Number from this report.